DOCUI	MENT#		NESS REPO 000920	9920				FILED Apr 12, 2001 08:00 AM Secretary of State							
Principal Place STE 2130 ONE S.E. THIR MIAMI 33131		FL		Mailing Address STE 2130 ONE S.E. THIRD AVE. MIAMI 33131		FL							·		
	face of Business			3. Mailing Address ONE SOUTHEAST THIRD AVI	ENUE									-	
Suite, Apt. SUITE 2130	#, etc.			Suite, Apt. #, etc.						DO NOT	WRITE IN	THIS S	SPACE		-
City & State		FL		City & State MIAMI		FL			Number 317089)			-	Applied For Not Applicabl	ə
Zip 33131	Со	untry		Zip 33131	Cour	ntry		5. Cert	ficate of St	atus Desi	red [\$8.75 A Fee Requi		
	6. Name and	Address of Cu	irrent Re	gistered Agent				7. Nam	e and Add	ress of N	ew Regis	tered A	gent		
CORPROLI	ITE CORPORATIO	ON				Name	LITE COR	POR A T	ION						
ONE SE 3RI STE 2130						Street A		D. Box N	lumber is 1	Not Accep	table)			<u> </u>	
MIAMI			FL			SUITE 2	130								
33131						City	.100	-				FL	Zip Co	ode	\dashv
8 The above	named entity sub-	nite this states	ant for th	ne purpose of changing its		MIAMI							33131		_
SIGNATURE _	STEPHE!	N A. BLA	.SS			d Agent signati	-						/2001		-
Tax filing r	oration is eligible to equirement and ele ria on back)	ects to do so.	X	FILE NOW After MAY 1, 20 Make Check Paya	001 Fee ble to D	will be \$	550.00	usru-1		nd Contri	bution.		Add.	00 May Be ed to Fees	
TITLE	v	OFFICERS	ווט טווא ו	Delete	12.		v	ADDIT	ONS/CHA	NGES TO	OFFICE	RS AND			45
NAME STREET ADDRESS CITY-ST-ZIP	FRANKEL 1 SE 3 AVE #213 MIAMI	MELVIN 30	F	FL Delete	NAM Stri		FRANK 1 SE 3 A MIAMI		MELVIN 30	F F		FL	X Change 33131	∈	E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLASS SE 3 AVE #2130 MIAMI		A	☐ Delete		ie Eet address	V BLASS 1 SE 3 A		STEPHEN 30	A			™ Change	Addition	⊣ਨ
TITLE NAME STREET ADDRESS	DC MURGEL 1 SE AVE #2130	CARLOS	A	☐ Delete	TITL		DC MURGH 1 SE AV		CARLOS	S A		FL	33131 Change	Addition	-
CITY-ST-ZIP	MIAMI			FL	CITY	'-ST-ZIP	MIAMI				_	FL	33131		.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete							. •		☐ Change	☐ Addition	<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									Change	Addition	
of the cor changed,	poration or the reci or on an attachme	appiemental re siver or trustee int with an add	port is true empower ress, with	is filing does not qualify for the and accurate and that ered to execute this report all other like empowered	my signa t as requi	fure shall h	iave the ca	me lena	l effect se i	f made ur	ader eath:	that I a	m an office	ar or director	
SIGNAT		PHEN A. BI		TED NAME OF SIGNING OFFICER	R OR DIREC	TOR		V	04	1/12/2001 Date	·	D.	aytıme Phone #	<u> </u>	-

Daytime Phone #